

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/525508

1 Date of Request: _____ **2 Serial/Patent #** _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

	7 TOTAL AMOUNT OF REFUND	\$
	8 TO BE REFUNDED BY:	

10 REASON:	<input type="checkbox"/> Overpayment	Treasury Check
	<input type="checkbox"/> Duplicate Payment	
	<input type="checkbox"/> No Fee Due (Explanation):	Credit Deposit A/C #:
		9 <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____ **TITLE:** _____

SIGNATURE: _____

Adjusted Date: 07/28/2005 PKIOWELL
03/04/2005 MKAYPAGH 00000041 110600 10525508
PHONE: 500.00 CR

OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: